

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**DAILY OVERTIME AND OVERTIME MEAL SUMMARY**

PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_

DAY OF WEEK: \_\_\_\_\_

Item No.	Name/Employee ID #	OT Hrs. Paid	RDO Y/N	Reason for Overtime <small>*Indication of whether OT is "Voluntary" or "Mandatory" is noted in this section*</small>	OT Began	OT Supervisor Recommended	OT Meal Y/N

Supervisor: \_\_\_\_\_

Deputy Superintendent: \_\_\_\_\_

Superintendent: \_\_\_\_\_

